

# Provider Insider

Alabama Medicaid Bulletin

May 2003

The checkwrite schedule is as follows:

05/09/03 05/23/03 06/06/03 06/20/03 07/11/03 07/25/03 08/08/03 8/22/03 09/05/03 09/12/03 09/26/03

As always, the release of direct deposits and checks depends on the availability of funds.

## Medicaid Changes Billing Codes on Selected DME Services

Effective April, 2003, coverage of the Apnea Monitor procedure code E0608 will be covered using the newly assigned HCPCs 2003 code E0619 (R). This service will still be covered for recipients referred through the EPSDT Program and will still require prior authorization. For information regarding pre-existing prior authorizations for Apnea Monitors (E0608) with dates of service overlapping into April 2003 and thereafter, please contact Ms. Jean Luther of the Prior Authorization Unit at (334) 242-5196.

Effective May 1, 2003, the Pulse Oximetry Device will no longer be covered using the miscellaneous procedure code E1399. The Oximetry Device for measuring blood oxygen levels non-invasively will be covered using procedure code E0445. This code will still be covered for recipients referred through the EPSDT program and still require prior authorization. For information regarding prior authorizations for the Oximetry Device (E1399) with dates of service May 1, 2003 and thereafter, please contact Agnes Holmes of the Prior Authorization Unit at (334) 353-5949.

Effective May 1, 2003, the Peak Expiratory Meter will no longer be covered using the miscellaneous procedure code E1399. The Peak Expiratory Meter will be covered using procedure code A4614. This procedure code will still be covered for recipients referred through the EPSDT Program and still requires prior authorization. For information regarding prior authorizations for the Peak Expiratory Meter (E1399), with dates of service May 1, 2003 and thereafter, please contact Agnes Holmes with the Alabama Medicaid Prior Authorization Unit at (334) 353-5949.

If you have questions or need assistance completing prior authorization requests forms (360 and 342) for Oxygen Services, please contact Agnes Holmes, Prior Authorization Unit at (334) 353-5949.



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### Pass It On!

Everyone needs to know the latest about Medicaid. Be sure to route this to:

- ☐ Office Manager
- ☐ Billing Dept.
- ☐ Medical/Clinical Professionals
- ☐ Other \_\_\_\_\_

## ***Pediarix Available Through VFC***

**P**ediarix (DTaP-Hep B-IPV) is now available through the Alabama VFC Program. Due to financial constraints VFC will limit the use of Pediarix to two schedules. The Alabama VFC Program will not support any other schedules, because they are costly and cause over vaccination.

Infants receiving Hep B in the hospital after delivery should receive Pediarix at 2 months, separate DTaP and IPV at 4 months, and Pediarix at 6 months. Infants who do not receive Hep B in the hospital after delivery, should receive Pediarix at 2 months, Pediarix at 4 months, and Pediarix at 6 months. NOTE: Pediarix cannot be given before 6 weeks of age.

The procedure code to use when filing claims to the Agency for the administration of Pediarix is 90723. For more information regarding Pediarix, please contact the VFC Program at 1-800-469-4599.

## ***Billing Information for Anesthesia Providers***

**P**atient controlled analgesia (PCA) services are reimbursable when they are administered by an anesthesiologist and are performed for the control of post-operative pain. A separately identifiable physician-recipient encounter should be reflected in the medical record documentation. Daily management of a PCA pump through an IV line is disallowed. Anesthesiologists may bill up to four units if a recipient receives PCA pump management four days or more. Four units (90784) will be considered a global payment for the management regardless of the number of days the recipient remains on the pump.

## ***Calculating Limitations Information for DME***

**W**hen calculating limitations for DME items the process utilized should be calendar year driven instead of date of service driven. For example, the purchase of a wheelchair is limited to one every five years. Therefore if a wheelchair was dispensed on date of service April 1, 2002, the recipient would be eligible to receive another wheelchair beginning calendar year January 1, 2007.



### **REMINDER**



#### **Prescribing License Numbers for Residents**

A physician providing services through an approved residency program must write prescriptions using a license number assigned directly to the resident physician. The license number of the supervising or attending physician must not be used when residents write the prescriptions. The license number assigned to the resident physician may be either the limited or full license, administered by the Board of Medical Examiners. Resident physicians, who have not obtained a limited or full license through the Board of Medical Examiners, must obtain a pseudo license number from EDS for the purpose of writing prescriptions. EDS will assign the pseudo license number upon receipt of the completed Resident Certification Form. The Resident Certification Form can be obtained by calling EDS Provider Enrollment at (888) 223-3630 or (334) 215-0111.

## ***Reminder for Specialty Providers***

**P**lease remember to share patient information with a recipient's medical home, the assigned Patient 1<sup>st</sup> provider, after rendering services. The Patient 1<sup>st</sup> provider is responsible for and manages assigned recipients' health care needs. Information about the services you provide should be reported as soon as possible to facilitate quality care.

## ***Second Modifiers for Ambulance Claims***

**T**he Alabama Medicaid Agency no longer requires the second modifier on ambulance claims. Any providers who have filed claims using the second modifier and received rejections should delete the second modifier and refile the claim.

## ***Clarification for VFC Vaccines Billing Information***

**P**hysicians and health departments are not required to file recipient health insurance prior to filing Medicaid for preventive pediatric services, including administration fees for VFC. Exceptions to this rule require that all providers must file with a recipient's health plan when the plan is an HMO or other managed care plan. In addition, FQHCs and RHCs are required to file other insurance prior to filing Medicaid as are any providers receiving a lump sum payment for bundled services or a capitation payment from Medicaid.

## ***Trading Partner Agreement***

**P**roviders will not be required to submit a Trading Partner Agreement (TPA) with Medicaid in preparation for HIPAA. The TPA form has been removed from the website. Please continue reading your Provider Insiders, EOP Mini-Memo message, and any Provider Alerts outlining HIPAA changes.

If you have any questions regarding HIPAA, please contact the HIPAA Outreach and Documentation team by calling (334) 215-4250 or e-mail at [hipaa@alxix.slg.eds.com](mailto:hipaa@alxix.slg.eds.com)

# Medicaid Tidbits

## Newborn Inpatient Claims

**V**alid revenue codes for Medicaid billing are 170-174, and 179. Revenue code 175 has been deleted.

Revenue codes 170 (Nursery) and 171 (Nursery/Newborn) are billed for well-baby care and are included on the mother's inpatient claim. Well-baby care is not separately billable.

Revenue codes 172 (Nursery / Continuing Care), 173 (Nursery / Intermediate Care), 174 Nursery/Intensive Care), and 179 (Nursery/Other) should be billed only if the newborn's condition meets the established criteria. These services should be billed separately from the mother's claim under the infant's name and Medicaid number. The infant's claim must indicate the valid ICD-9-CM diagnosis codes identifying the conditions that required the higher level of care.

## Timeliness of Vaccinations Are Critical

*Timeliness of Childhood Immunizations, PEDIATRICS Vol. 110 No. 5 November 2002*

"By 24 months of age, 9 of 10 children received at least 1 vaccine outside the recommended age ranges. High vaccination status of children at 24 months of age does not reflect the reality that many vaccinations are not given at the appropriate ages. Timeliness of vaccination is critical to prevent disease outbreaks, protect children through their first 2 years of life, and minimize the need to repeat doses."

## Ambulance Provider Information

**T**he minimum loaded air miles has been increased to 75 miles unless extreme extenuating circumstances are present and documented.

Also, all PA request, including those for recipients with other insurance, must be submitted no later than thirty (30) days from the date of service. This does not guarantee an approval/denial of the PA request, but meets the criteria for the Medicaid program.

## New Eyeglass Frames Now Available

**E**ffective May 1, 2003 thirteen additional eyeglass frames are available. The new frames will be added to the next Provider Manual update due in July. These are outlined below for your convenience:

Manufacturer	Color	Sizes	Price
<b>Women's</b>			
Hart	Brown, Gold, Lilac	41/19/125, 43/19/135,	\$9.95
Hart	Gld Brn, Pink	45/19/135, 49/19/135,	\$9.95
Phil Optiks	Blue, Brown, Pink	51/19/135, 52/15/140,	\$8.95
		54/15/140	
<b>Men's</b>			
Hart	Black, Brown, Gold	49/17/140, 51/17/145,	\$9.95
Hart	Blk, Brn, Gold,	53/17/145 53/16/140,	\$9.95
	Gunmetal	55/16/145, 57/16/150	
<b>Unisex</b>			
Phil Optiks	Gold, Silver, Wine, Blue	43/20	\$10.95
Hart	Matt/Blue, Brown, Gold	45/21/140	\$9.95
Hart	Satin/Brown, Gold, Lilac	45/18/135	\$9.95
Phil Optiks	Ant Gold, Brown, Pewter	43/18, 47/18	\$10.95
Hart	Brown, Pewter	46/18/140	\$9.95
Phil Optiks	Matt/Blue, Blk, Gld, Pwt	42/20	\$10.95
<b>Children's Unisex</b>			
Modern Optical	Blk, Brn, Gold, Blue	40/16/130, 41/16/135	\$9.95
Hart	Gld D/A, Lt Brn, Pink	37/20/130, 40/20/135,	\$8.95
		43/20/140	

## Facts About Alabama Medicaid

*Facts About Medicaid in Alabama from the American Academy of Pediatrics (AAP) and the National Association of Children's Hospitals and Related Institution (NACHRI), July 2002*

"By far the nation's largest public provider of children's health insurance, Medicaid, is a critical health care safety net for millions of low-income children... Without Medicaid, most—if not all—of these children would have no health insurance... More than half of all Medicaid enrollees are children, and most of them live in a household where at least one parent works... Almost 30% of Alabama's children are enrolled in Medicaid... It's estimated that one in nine children in Alabama – 133,000 – are uninsured... Pediatricians provide the care children need, including routine check-ups, immunizations, and treatment for problems found during health screenings. Between 1994 and 1999, pediatricians and pediatric subspecialists provided 51% of all office visits to children on Medicaid." For more information contact: AAP at [www.aap.org](http://www.aap.org) or NACHRI at [www.childrenshospitals.net](http://www.childrenshospitals.net).

### Attention: All Providers

The office of civil rights HIPAA privacy guidance issued 12/03/2002 indicates that a provider-health plan relationship does not require a business associate contract. Specifically, on page 42 of the guidance, one of the examples where a contract is not required is "when a health care provider discloses protected health information to a health plan for payment purposes. A provider that submits a claim to a health plan and a health plan that assesses and pays the claim are each acting on its own behalf as a covered entity, and not as the 'business associate' of the other."

## New Version of the Provider Electronic Solutions Software Available Soon

### EDS Provider Electronic Solutions Software

PROVIDER NUMBER: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: (       ) \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_

SECONDARY CONTACT: \_\_\_\_\_

PES SUBMITTER ID\*: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

What version of Windows do you have on your PC?

☐ Windows 95   ☐ Windows 98   ☐ Windows NT   ☐ Windows XP

☐ 1 CD ROM

☐ Diskette

☐ Complete Install of PES

Mail this request to:

EDS

P.O. Box 244035

Montgomery, AL 36124-4035

With the implementation of HIPAA, EDS will be releasing a new version of the PES software. The software will be available before the implementation date for the standardized code set transactions for HIPAA. This new version of PES will replace the current version of PES. You must order the new PES software in order to continue to submit transactions after September 26, 2003. The new software will have the ability to submit the same transactions that you are currently submitting. The software will continue to be available at no charge.

A new User Guide will also accompany the billing manual, along with instructions for installing your software. If you would like the new version of the software, please complete the form and return to EDS.

To find your PES submitter ID, follow these steps:

- Open your PES software
- Go to Tools, Options, Click on the Batch Tab, your Submitter ID will be in the field labeled 'submitter ID'

If you have any questions, please contact the ECS helpdesk at (800) 456-1242 or your Provider Representative at (800) 688-7989.

\*If you have more than one PES Submitter ID, please list each ID on this form.

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